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AUTHOR Worthington, John
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ABSTRACT

In a discussion based on the Queensland Guidance and Counselling Association Code of Ethics, some of the issues which pose additional challenge for the private counseling practitioner are highlighted. Key points raised reflect a client-centered approach, substituting the public practice employer's organizational structure with the entity of the practice. It is suggested that professional supervision may need to come from a range of professionals to ensure a balance, and that professional and management issues need to be separated. When differences arise between the public and private practitioner's view of clients' needs, communicating positively with colleagues remains an ongoing challenge. The paper concludes with cautions for practitioners to consider before setting out in private practice. (Author/LSR)

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Abstract

Private Practice and Public Practice: How different are they?

John Worthington Educational Consultant and Guidance Officer

In a discussion based on the QGCA Code of Ethics, the author highlights some of the issues which are additional challenges for the 'private practitioner'. Key points raised reflect a client-centred approach substituting the public practice employer's organisational structure with the entity of the 'practice'. It is suggested that professional supervision may need to come from a range of professionals to ensure a balance, and that professional and management issues need to be separated. When differences arise between the public and private practitioner's view of client's needs, communicating positively with colleagues remains an ongoing challenge. The author concludes with some timely warnings about what to consider before setting out on the private practice trail.

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Private Practice and Public Practice: How different are they?

John Worthington Educational Consultant and Guidance Officer

To begin I should explain what I mean by 'private practice' in essence it is "the simplest employment context" (Fagan & Wise, 1994), providing professional guidance and counselling services on a fee for service basis independent from any referring professional, agency or organisation. I propose while the majority of challenges remain the same, after six years experience I believe there are some vital differences which need to be understood by the profession as a whole and by the 'private practitioner' in particular. The freedom that private practice offers can allow the practitioner to emphasise "the importance of humanistic client-focused values as distinct from bureaucratic ones; values which seek to enhance the interests and well-being of individual clients, in contrast to the fostering of bureaucratic values" (Faulkner, 1994, p.21).

As a framework for my discussion I have chosen to use the QGCA Code of Ethics as a way of highlighting some of the 'differences' I have observed.

Professional Standards

Because in the first instance the Code of Ethics provides, as it should, a reassuring and primary commitment to the client it is necessary for every practitioner to have a clear understanding of who exactly is their client. Fagan and Wise (1994) contrasted a possible client list in the public sector to include a combination of, the child, parent(s), teacher, principal, school board, agency administrator or governing board, whereas identifying only the individual 'client' in the private practice. Although superficially this simple client identification may appear reassuring, it is clear that the private practitioner should be familiar with the client's organisational context. The private practitioner's understanding of the client's organisational context, can be the most potent tool for change when providing advice and support. In my experience the key to positive change for the client often lies in the private practitioner's skill in creating an awareness and acceptance of, and then influencing the client's access to their organisational environment. To a degree the different role of the private practitioner includes the luxury of being free to focus a clear emphasis on the importance of humanistic client-focused values as distinct from bureaucratic ones. The private practitioner has an unfettered mandate within the Code of Ethics to pursue actions and values which enhance the client's well-being (Faulkner, 1994).

I accept there is a clear risk in breaking the Code of Ethics when it comes to client concerns taking precedence over self-serving actions (QGCA, 1994), because by definition a

'private practice' could be seen as self-serving. However in the same way as the public practitioner has clear responsibilities within the employing organisation, I would suggest the private practitioner should base his/her relationship with the client within the context of the 'practice' as a professional entity. This provides both a reference point and an element of 'separation' for why and how a client has contact with the private practitioner. In this way the needs of the client and the practitioner are meet through applying professional skills within the context of the 'practice', rather than in the first instance any direct reflection of the gain financially or other wise to the individual practitioner. In acting "in the best interest of students, their parents, educators, colleagues and employers" (QGCA, 1994, p.2) I suggest in the private sphere 'employers' could be replaced with 'the practice'.

I would suggest that the situation of supply and demand in the private sphere can be in stark contrast to public sphere. In public practice a good practitioner is unlikely to be without a constant, if not an overwhelming flood of work, while the private practitioner constantly needs to develop their referral base. At the same time as the private practitioner seeks referrals he/she has to continue to maintain high ethical standards, even thought the suggested separation between practitioner and 'practice' may not be without pain. This pain can be acute especially when a practice is being established or when 'business' is quiet. The private practitioner should not be diverted from high ethical standards by the temptation of gaining a client. Because the referring professionals to a private practice will have (and should have), a wide choice as to whom they could direct their client, I believe that offering a good service which includes maintaining high ethical standards relates positively to success.

In the private sphere if a referring professional develops any concerns as to the efficacy of the private practitioner's work (and possible negative consequences for the client), it is usually the case that referrals from that source and probably from related sources will cease. The key issue here for private practitioners will be to follow the Code of Ethics and to limit themselves to offer only those services which are within their area of professional competence. It is important for any practitioner not to misrepresent their competence, qualifications, training and experience, (QGCA, 1994) despite the occasional temptation to be all things to all potential clients.

Preparation and Supervision

While it is unlikely a private practitioner could be successful without having a significantly high level of training and experience the issue of supervision still needs to be addressed. Mara (1991) highlighted the need for practitioners to feel part of a school group and the danger that "counsellors themselves are caretakers who are inclined to neglect their own needs and to focus on the needs of others" (p.2). I would suggest that the need for supervision

is even greater in private practice, because the practitioner is working independently and therefore may not have the immediate professional support of colleagues. Depending on the location of the private practitioner, it is essential that he/she seeks supervision from both public and private colleagues as well as regular contact with the professionals providing the majority of referrals. In seeking supervision the practitioner should ensure a clear separation between professional and managerial concerns.

Confidentiality

Corey, Corey and Callanan (1988) expanded this area in the American context into confidentiality, privileged communication and privacy. There is no doubt that even taking the concept as a whole, confidentiality remains a perpetual issue for the practitioner, especially in an environment where the private client is also being serviced by a range of other private and public professionals within other agencies. While consent to work with a child client can (usually) be assumed through the referral process, and the informed direct involvement and request for help by the parent or guardian, little else is certain. The combiinations and permutations possible when mixing private and public services are numerous and challenging. However, it is my observation that in many ways, the practical issues related to confidentiality are less in private practice, because of the more direct and unfettered relationship between the practitioner and the client.

Colleagues and School Staff

This is indeed a vexed area for the private practitioner, because it can be the case the client (or more likely the parent of the child client) has the perception that they have not been well served by the public system or that they have to wait an unacceptable length of time to receive any service at all. The client may have in their mind that if they have been the victim of 'the system' then a private assessment may at the 'least put the cat amongst the pigeons' or at the other extreme raise the spectre of litigation against the negligence of some other party. Naturally such difficult scenarios give rise to intense feelings both on the part of the client, but also on the part of the private practitioner.

While there is a danger of the practitioner feeling 'trapped' by his/her client's warped perspective of what it is the practitioner does for a living there is also the opportunity to apply the art of guidance and counselling to benefit a client and the 'system'. The demands of clear professional advocacy and advice-giving under such circumstances need to be exercised with great care. The difference and consequences between giving, where indicated, a second and perhaps differing opinion, need to be understood both by the client and the practitioner. If some element of negligence on the part of a system or colleagues is a possibility, then the client's rights should take precedence.

Conclusion

In discussing future issues for Australian school psychologists, Faulkner (1994) suggests likelihood of an expansion of private consultancy models under the guise of outsourcing. While this may be reassuring for 'business', individuals need to consider personal, financial and professional issues before launching themselves into the 'real' world. Before seeing an escape from being one of "a mass of highly flexible base grade level allied health practitioners who can be moved around as required" (Franklin, Gibson, Merkel-Stoll, Neufelt & Vergara-Yiu. 1994, p.48), I would suggest the aspiring private practitioner needs to prepare themselves and their potential client base over a period of several months, if not years. While the grass may seem greener on the private side of the fence, be assured it does not always rain on a regular basis.

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